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maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 01/21/2009 28524 7590 Certificate of Mailing or Transmission SIEMENS CORPORATION I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope anddressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. INTELLECTUAL PROPERTY DEPARTMENT 170 WOOD AVENUE SOUTH **ISELIN, NJ 08830** Vicki (Depositor's name) Chia 04/08/2009 SSITHIB2 00000003 192179 10642914 (Signature) 01 FC:1501 1510.00 DA (Date 02 FC:1504 300.00 DA APPLICATION NO. **FILING DATE** FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 10/642.914 08/18/2003 2003P08374US 3652 Licxiang Fan TITLE OF INVENTION: FLOW REPRESENTATION METHOD AND SYSTEM FOR MEDICAL IMAGING APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE nonprovisional \$1510 \$300 \$0 \$1810 04/21/2009 EXAMINER ART UNIT **CLASS-SUBCLASS** KIM, CHONG R 2624 382-128000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Siemens Medical Solutions USA, Inc. Malvern, PA Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💆 Corporation or other private group entity 🛄 Government 4a. The following fee(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required (ec(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-21 9 (enclose an extra copy of this form). Advance Order - # of Copies 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. ■ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Rosa S. Kim Registration No. 39,728 Typed or printed name \_

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